DOCUMENT RESUME

ED 286 105 CG 020 188

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TITLE Interpersonal Process Recall (IPR): Uses in Training Trauma Counselors.
PUB DATE 24 Apr 87
NOTE 19p.; Paper presented at the Annual Meeting of the American Educational Research Association (Washington, DC, April 20-24, 1987).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Counselor Training; *Emotional Response; *Interpersonal Relationship; *Recall (Psychology); Skill Development; *Teaching Methods
IDENTIFIERS *Interpersonal Process Recall

ABSTRACT

As an approach to mental health skills training, Interpersonal Process Recall (IPR) emphasizes a learning by discovery method. There are seven basic units in the IPR training package: (1) presentation, on the skills of facilitating communication; (2) affect simulation; (3) counselor recall; (4) inquirer training; (5) client recall; (6) mutual recall; and (7) transfer of learning. The IPR model could be adapted for use in the training of trauma counselors. In addition to the review of types of helping behaviors in IPR's first unit, trauma counselors need to receive a conceptual understanding of the process of trauma. The theoretical literature related to trauma and to posttraumatic responses could be combined with the IPR method of influencing interpersonal responding. The second unit, affect simulation, can be altered to present simulation vignettes that would elicit feelings likely to be directly tied to incest, rape, accident trauma, or war-related stress. Parts of the IPR training package that involve actual recall sessions could also be adapted for use in training trauma counselors. Evaluation of the IPR method is essential and should involve studies comparing client outcomes of IRP-trained trauma counselors against a randomly assigned group of trauma counselors prepared by other methods. Outcome measures could include client self-monitoring and psychophysiological, self-report, and behavioral measurements. (NB)

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Interpersonal Process Recall (IPR): Uses in Training Trauma Counselors

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Paper Presented as part of a symposium on
A TRAINING MODEL FOR COUNSELING TRAUMA VICTIMS
at the Annual Meeting of the
American Educational Research Association
April 24, 1987

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Abstract

Interpersonal Process Recall (IPR) has developed over the course of over twenty years. As a method of training helping professionals, it has now become well recognized as one of the more effective models for "giving psychology away." This paper briefly reviews the IPR process and discusses how it can be readily applied to the training of paraprofessionals and counselors who work with traumatized persons.

Interpersonal Process Recall (IPR):
Uses in Training Trauma Counselors

The Interpersonal Process Recall (IPR) method was developed by Norman Kagan and his colleagues over a period of more than twenty years. This approach to mental health skills training emphasizes a "learning-by-discovery" method of teaching. It incorporates a relatively structured set of experiences that are supplemented by the use of written student manuals, by filmed models, and, most centrally, by the "recall process," a review of video- or audio-recorded sessions with an "inquirer" in a non-evaluative setting.

A Summary of the IPR Model

Although more complete descriptions of the IPR training package have appeared elsewhere (Kagan, 1980, 1984), a very brief summary of each step in the overall process follows. Essentially, there are seven basic units that can easily be conceptualized as developmental tasks in the process of moving from a neophyte helper to a person skilled in human interaction (Kagan, 1984).

Presentation on the Skills of Facilitating Communication

IPR training begins with a review of four characteristic aspects of effective interviewer communication. Although it is stressed that not all effective helping responses will include these four characteristics, filmed excerpts are used to demonstrate that, in many situations, the presence of these

dimensions will enhance the communication. The four response modes include "exploratory vs. non-exploratory," "affective vs. cognitive," "listening vs. non-attentive", and "honest labeling vs. avoiding." Each of these skills serves to accomplish the overall purpose of approaching the concerns and problems of the target individual. A helper who consistently explores a client's affective concerns with listening responses that honestly label the dilemmas of that client's life will find the client talking with deeper and deeper levels of intimacy.

Affect Simulation

Since the use of the four recommended response mode introduced in the first step will lead to further intimacy with the client, they are likely to elicit the learner's fears of interpersonal involvement. Thus, a trainee who has developed effective counseling responses may be very likely to avoid the application in "real settings" because of a fear of becoming too involved. To deal with this concern, the IPR model incorporates a second step that exposes the student to a variety of stimulus vignettes that can address such general issues as the fear that a more intense relationship with the client will (a) hurt the helper, (b) hurt the client, (c) overwhelm the counselor's restraints (e.g., in a sexual or affectionate sense), or (d) overwhelm the client's restraints (again, very possibly in the sexual area). Additionally, specific vignettes addressing such important issues as racism, sexism, ageism, incest, career, or

safety can all be developed and introduced. Discussion of these simulations, of course, focuses on the learners' thoughts and feelings as they watched each of the vignettes. Since there is no "correct" or "incorrect" way to respond to these very powerful vignettes, the participants in the IPR training begins to recognize at this point that they will not be criticized or put down for whatever their own reactions might be. Further, they find that they will be responsible for whatever they learn or don't learn from the IPR process.

Counselor Recall

Although nearly any present training program in counseling makes heavy use of audio- and video-taping, the result of most of these tapings is a critique session with the student's assigned supervisor. When an audio- or video-tape is made for a counselor recall in the IPR training model, it does not serve as a source for an evaluation. Instead, the audio- or video-tape becomes a stimulus for recall of what had occurred in that session. The learner is in total control of the process. The inquirer, a person who is not the student's direct supervisor, is there to encourage the student to remember as much as possible about the tape being reviewed. Thoughts, feelings, images, plans, goals, surprises -- essentially anything that could not be observed directly by observing a videotape of the session -- all are appropriate items of discussion.

The inquirer asks a set of questions that explore without evaluating or hypothesizing. Most of these questions are derived from three basic questions: (a) "What were you feeling/thinking right here at this point in the tape?"; (b) "What was the client feeling/thinking right here?"; and (c) "Can you go any further with that?" This is learning-by-discovery in that a basic assumption underlying all of the IPR process is that all people, counselor trainees or not, are much more aware of the wants and hopes of others than they ever acknowledge to themselves or to others. If the counselor recall can help students remember some of the insights they had experienced during their sessions, these same students can learn quickly to apply their insights more immediately within subsequent counseling sessions.

In summary, the recall process allows students to remember details of their counseling sessions that otherwise would have been lost and forgotten. Within a self-regulated, non-threatening and unforced situation, it becomes alright to talk about some of the aspects of counseling behavior that would never be raised with the typical, assigned supervisor.

Inquirer Training

Although, initially, an outside observer might wonder "What could be easier than asking a relatively short set of exploratory questions?", learning the skills of the inquirer are much more difficult than immediately appears to be the case. This is particularly true for those who have extensive experience as

traditional counselor supervisors. Holding back evaluative comments and stifling a desire to offer a hypothesis are skills learned with some considerable difficulty. As the forth step in the training model, the inquirer training teaches the student to become a nonjudgmental and assertive prober. These same probing questions, although primarily designed for the inquirer role, are also very valuable for application in a variety of interactions with clients during normal counseling sessions.

Client Recall

The fifth step in the IPR training process is another recall step. Here, unlike the earlier step, the client not the counselor is the object of the stimulated recall. A student's actual client (with permission) is audio- or video-taped, and the client comes in for a session with an inquirer. The client's thoughts and feelings about the session provide just as much (or more) data as do the counselor's thoughts and feelings. Following the recall session, the inquirer can discuss some of the client's reactions to the counselor and to the counseling relationship. Thus, student counselors learn reactions to their counseling from the "primary source."

Mutual Recall

A one step builds on the earlier step, it is probably apparent that the next recall would be a mutual recall that directly involved both counselor and client with the same inquirer reviewing the same tape. In this manner, both the

counselor and the client must deal very directly and explicitly with the relationship itself. In sharing recalled thoughts and feelings (again, only those that they wish to share), the two participants in the counseling are forced to a sensitivity of one another that is both highly productive and likely very frightening. As with each of the earlier stages of the process, the introduction of the mutual recall process includes a series of filmed examples of effective applications of this component of the model.

Transfer of Learning

As a wrap-up of the learning gained through the accumulated knowledge of each of the previous steps, students are encouraged to use each of the methods in a variety of situations on their jobs. It is even recommended that students try a session followed by an immediate recall and then another session. This allows, of course, immediate implementation of new ideas and new insights.

Applications of IPR to Training Trauma Counselors

The IPR model has been extensively used to educate mental health workers, teachers, physicians, medical students, nurses, prison guards and inmates, undergraduate students, residence hall personnel, and military personnel (Kagan, 1984). Given the variety of applications, it is not surprising that, with very little alteration or change, the same IPR model may be applied to the training of trauma counselors.

The development of this specific application of the IPR training model result of requests from community agencies and private mental health practitioners. Counselors from a women's agency reported greater and greater numbers of trauma cases in the form of rape, battering and delayed incest cases. A post-surgical psychology team treating persons recovering from radical head, neck and throat surgery also described traumatic stress as a major part of their work. Also, a major corporation who was forced to transfer or terminate large numbers of employees reported similar traumatic stress. The symptoms in each case included "persistent, distressing, and intrusive recollections of aspects of the traumatic event (cognitive), disturbed affect (emotional), conditioned autonomic reactivity to cues associated with the trauma (physiological), and avoidance of various stimuli that remind one of the event (behavioral)" (Fairbank & Brown, 1987, p. 57). The challenge was to find a method for training counselors with diverse psychological skills to work with clients who might be seen for periods of time ranging from one brief session to several years of therapy. Some of the adaptations of IPR to the training of trauma counselors are outlined below.

Theoretical Presentation of Communication Skills

In addition to the review of the four helping behaviors that are a part of the traditional IPR approach's first stage, the trauma counselor needs to receive a conceptual understanding of the process of trauma. Essentially, the theoretical literature

related to trauma and posttraumatic responses (e.g., Fairbank & Brown, 1987; Horowitz, 1976; Titchner, 1970) can be combined with the previously described IPR method of influencing interpersonal responding.

Although each theorist has somewhat differing explanations of trauma-related stress, it is clear that all are describing the same set of problems. Titchner (1970), for instance, describes three effects that result from the massive anxiety occurring after traumatic events. First, there are disturbances in cognitive organization of the thinking process. Thus, the severity of the trauma is often misperceived and the meanings of the injury may not be understood. Second, there are often difficulties in the expression and regulation of feelings. The trauma victim may quietly hide the rage and anger they feel for fear of the damage that hostility might do. Third, there is impairment of the self-image and of the personal relationships with others. Speaking from a psychodynamic perspective, Titchner (1970) stated "In the unconscious, the idea of being helpless and suffering severe damage to the body has a deep and usually permanent effect upon images of the self" (p. 976).

Horowitz (1976) has written about recurring, predictable themes following traumatic events, including physical injury, car accidents, rape, disasters, wars, and violent crime. One of the major indications of a stress response, in Horowitz's thinking, is the experience of recurrent episodes of thought and emotion

consisting of memories, thoughts and feelings associated with the stressful event. Horowitz (1976) describes the presence of two seemingly divergent states of mind as central to traumatic stress: intrusive episodes and denial states. Oftentimes, the denial is sufficiently strong that it is many years before an "intrusive episode" (e.g., flashback, emotional distress) may occur.

A behavioral perspective of traumatic stress has been presented by Keane, Zimering, and Caddell (1985). Borrowing a summary of Keane et al.'s work written by Fairbank and Brown (1987), posttraumatic stress disorder symptomatology [Note: Although Keane et al. were describing posttraumatic combat stress disorders, the explanation would equally as well fit other traumas.]:

> is essentially a learned response to an antecedent traumatic conditioning event. Specifically, a wide range of previously neutral stimuli become conditioned stimuli (CS) as a function of pairing with a traumatic combat event (UCS). Through the principles of classical conditioning, these CSs may elicit adverse cognitive, physiological, and emotional reactions in surviving individuals. Through the principles of instrumental conditioning, survivors may then learn to avoid and escape traumatically-conditioned CSs as a means of reducing the conditioned aversive state. It is specifically this learned avoidance response that is viewed

as critical to the maintenance of many of the symptoms of PTSD. (p. 58)

By combining the information related to the dynamics and resolution of trauma (from any or all of the above theoretical bases) with an effective skill base, persons from diverse backgrounds can be trained to understand and to provide help to a wide range of clients who have experienced traumatic events. This combined theory and application model has utility for training people from beginning to advanced levels of psychological sophistication. It can be adapted to address the specific needs of particular client populations. It offers a means to meet the growing needs of larger segments of our society that are seeking help to deal with traumas occasioned by increased violence, hostage situations, advances in surgical transplant and organ removal procedures, and regional unemployment caused by corporate transitions.

Affect Simulation

The second phase of the IPR training process is central to the creation of an IPR-based trauma counselor treatment. The Affect Simulation portion of the model can be altered to present simulation vignettes that will elicit feelings likely to be directly tied to incest, to rape, to the accident trauma of an emergency medical technician, or to war-related injuries and stress. With actual incest victims explicit vignettes directly related to incest should likely be avoided for fear that the

anxiety aroused might be more than what could be dissipated by session's end. However, tapes used to train counselors of incest victims can directly deal with incest in order to help these individuals better understand the likely emotional reactions of such victims (e.g., anger, guilt, shame, fear).

In other areas of trauma, such as in the corporate setting, the vignettes might be created more directly reflecting the situations presently experienced by the target population. A "boss" might be seen as explaining the reasons why the plant must be shut down, or a colleague could express his sorrow that early retirement had been pushed upon the target person.

While a participant watches these affect tapes, physiological measures could also be monitored and recorded for each person. Although the connections for such physiological measurements may at times be relatively cumbersome, it is possible to accomplish the attachment of such monitoring equipment without eliminating the impact of the affect simulations. The physiological measures can provide the learner with additional stimuli useful in increasing the amount of material recalled. A participant's changes in muscle activity, measures of skin temperature, skin conductance, respiration rate, heart rate, heart period (interbeat interval), and cardiac rhythms are immediately available for observation. Kagan (1984) reported that it is even possible to include a pattern-analysis technique to each student's physiological experience to define

which of several vignettes may have been responded to in a similar pattern of reactivity.

Recall Session Practices

In the parts of the IPR training process that include actual recall sessions with an inquirer, the trauma counseling student could well be encouraged to deal with trauma clients. Initially, perhaps, through role plays, but eventually with actual clients who had expressed the trauma for which the training is designed.

One additional possibility is to encourage each student to roleplay a trauma victim for one audio- or video-taping session with another student. The student would be expected to present the client concerns as realistically and as emotionally as possible. When recalls occur, the "client" can go through the recall process with the inquirer. Although some of the feelings and thoughts that are stimulated by the recall process will relate directly to the roleplayed nature of the session, some of the feelings will provide direct insight into the likely reactions of the student's eventual clientele. This would allow the counselor to learn about the client from the client's perspective.

Evaluation of Trauma Counselor Training

Evaluation of the IPR treatment package is, of course, essential. Evidence of the enhanced effectiveness of IPR over other training methods should be sought through experimentally designed studies comparing client outcomes of IPR trained trauma

counselors against a randomly-assigned group of trauma counselors prepared by other methods. Outcome measures, it is hoped, would include client self-monitoring, psychophysiological, self-report and behavioral measurements. Client self-monitoring might involve the amount of sleep, the number and content of nightmares and intrusive thoughts, and levels of anxiety. In the psychophysiological realm, heart rate and skin resistance levels of trauma victims might be recorded. Finally, in the behavioral area, victims could be exposed to similar trauma-related affect simulation tapes to those used by the counselors in training. Among the many self report measures that might be involved in assessment are (a) the Diagnostic Inventory of Personality and Symptoms -- an instrument which yields subscale score for affectivity, dissociative disorders, and stress-adjustment disorders, (b) the Beck Depression Inventory (Bumberry, Oliver, & McClure, 1978) -- a test yielding a total depression score, (c) the Impact of Events Scale (Horowitz, Wilner, & Alvarez, 1979) -- a test that provides two subscales regarding intrusion and denial, and (d) the Coping Inventory (Horowitz & Wilner, 1980) -- an assessment used to measure the usefulness of a particular strategy to adapt to a serious life event. Their behavioral reactions might indicate more ability to handle such situations.

The potential applications of the IPR model to the training of trauma counselors are plentiful and exciting. Despite the earlier suggestions for positive steps in making the research in

this field more concrete, it is recognized that such concrete steps may not be accomplished without some considerable hassle. Perhaps the most obvious of the potential difficulties was cited by Kagan (1984):

> In many ways the very strength of the model is also its major weakness. In fostering discovery learning it is very difficult to determine how much one has learned, and, indeed, oftentimes if is difficult to determine exactly what on has learned. Because IPR encourages people to deal with those issues that are most important for them at their current stage of interpersonal development, group evaluation is exceedingly difficult (p. 241).

Let us hope that despite the difficulty of this research, we can move toward a better measurement of what participants in the IPR process can and do learn.

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